

# NEWINGTON HUMAN SERVICES

131 Cedar Street, Newington, CT 06111



## Fall/Winter 2016

Registration Due Date is  
Wednesday Nov. 9, 2016

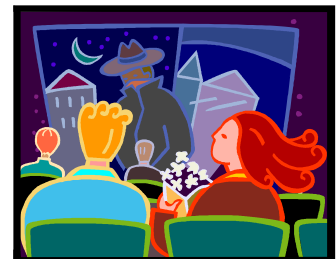


### S.C.O.R.E.

(Student Challenge of Recreation Education)

**AFTER-SCHOOL PROGRAMS  
FOR STUDENTS  
IN GRADES 5 THRU 8**

With support from the  
CT Dept. of Mental Health & Addiction Services  
And the Capital Area Substance Abuse Council



*For more information call our SCORE-Line at 665-8594  
or visit our website at [www.newingtonct.gov](http://www.newingtonct.gov)*



# **INFORMATION PARENTS AND STUDENTS NEED TO KNOW**

1. All SCORE programs are open to students in grades 5 through 8 unless otherwise specified. Program size is limited and registration is on a first come first serve basis. Human Services reserves the right to substitute, reschedule or cancel any program due to inclement weather. We will make every effort to contact parents/guardians and the schools to inform them of any changes.
2. Confirmation letters containing class location, pick-up and drop off sites, liability forms and other information will start being mailed to you on Nov. 10, 2016. Only students registered for the program are allowed to attend. **PLEASE KEEP CONFIRMATION LETTER FOR YOUR ONGOING REFERENCE.**
3. Programs may be located at John Wallace or Martin Kellogg Middle School, or offered off-site.  
***TRANSPORTATION IS PROVIDED TO ALL PROGRAM LOCATIONS.***  
For programs held on their school grounds, students must report to the designated room (as outlined in confirmation letters).
4. Students being transported to a program offsite (not at their school), should wait for a white, 15 passenger town van to arrive at the front of their school after all the buses have left. Unless otherwise stated in your confirmation letter all student should be picked up at Newington Town Hall front entrance
5. All students must be picked up promptly at the end of a class. If a student is biking or walking home, it must be indicated on the registration form or in a note if a change occurs. Staff must be informed of any changes in dismissal arrangements or we cannot release a child.
6. If your child cannot attend a SCORE class for any reason, it is your responsibility to inform Human Services staff prior to the end of the school day. **ANY UNEXCUSED** absences (those without a prior phone call made by parent) will be reported to the parent/guardian. Two unexcused absences may result in your child's dismissal from the program, with **NO REFUND**.
7. Students are expected to behave in a safe and responsible manner. Any disrespectful or disruptive behavior may result in dismissal from the program with no refund.

## **S.C.O.R.E. PROGRAM PHILOSOPHY**

S.C.O.R.E. is designed to provide positive after-school activities that connect middle school youth to their school, family and community support systems. Our goal is to enhance the fifth grade Adventure Learning Program curriculum by offering all youth opportunities to increase their knowledge, skill and experience in problem-solving, decision-making, cooperation, communication, leadership **AND FUN**. We are always looking for instructors to teach new courses and other positive leisure activities.

You may contact us at 860-665-8594 if you are interested in becoming an instructor.

## **NO REFUNDS WILL BE ISSUED AFTER COURSE CONFIRMATION LETTERS HAVE BEEN SENT.**

**AMERICANS WITH DISABILITY ACT:** ADA addresses issues of accessibility of facilities and programs. Reasonable program modifications will be made on a case by case basis to allow people with disabilities to both participate in, and benefit from programs. Documentation of disability is required when requesting reasonable modifications.

**Please feel free to contact the Human Services SCORE Line for program information at 665-8594.**

# SCORE Course Descriptions



## Winter Survival Skills at Roaring Brook Nature Center

Come with us to the Roaring Brook Nature Center and learn basic outdoor survival skills for the winter. We will build a shelter, learn fire building and reading a map and compass! We'll stop for hot chocolate on the way back to Newington. Dress for the weather!

Date: **Tues., Dec. 13**  
Time: **1:20pm-5:00pm** (early release day)  
Location: Roaring Brook Nature Center, Canton, CT  
Instructors: Rik Huggard & Staff  
Fee: **\$25**



## December Vacation Adventures

**\*\*Register for all 3 days and pay only \$120.00\*\***

## Bowling, Lunch & Movie

Students will go bowling at Bowl-O-Rama on the Berlin Turnpike. After they bowl that perfect 300, they will be treated to a feast at the Imperial Buffet! Then catch a movie afterwards!



Date: **Tues. December 27**  
Time: **10:00 a.m.-4:00 PM**  
Location: Bowl-O-Rama, Imperial Buffet & Theater TBD  
Instructors: Rik Huggard & Staff  
Fee: **\$45**

## Rock 'N' Robin

Join us for a flashback to the early days of roller skating, followed by burgers and milkshakes at Red Robin. To finish our day off we'll play 2 games of Laser Tag. Don't miss out on the fun!



Date: **Wed. December 28**  
Time: **10:00 a.m.-4:00 p.m.**  
Location: Ron a Roll, Red Robin & Laser Quest  
Instructors: Rik Huggard & Staff  
Fee: **\$45**

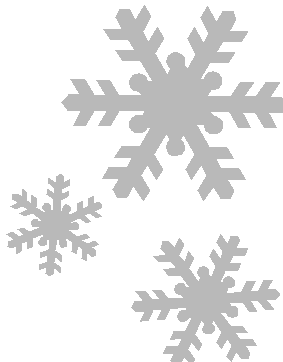


## Snow Tubing

Tube down the slippery slopes of Butternut Basin Ski Area in Great Barrington, MA. Join in the thrills and slide down the tubing tracks of the Berkshires.

Date: **Thurs. December 29**  
Time: **9:00 a.m.-3:30 p.m.**  
Location: Butternut Basin Ski Area, Great Barrington, MA

Instructors: Rik Huggard & Staff  
Fee: **\$40**



# SCORE REGISTRATION FORM

**\*\*Registrations are due by Nov. 9 \*\***

PLEASE COMPLETE THIS FORM AND RETURN IT ALONG WITH FULL PAYMENT TO:

**NEWINGTON HUMAN SERVICES**

**131 CEDAR ST.**

**NEWINGTON, CT. 06111**

**SCORE-Line 665-8594**

**E-mail: rhuggard@newingtonct.gov**



PLEASE PRINT OR TYPE

STUDENT NAME \_\_\_\_\_ GRADE \_\_\_\_\_ SCHOOL \_\_\_\_\_

<u>PROGRAM SELECTION</u>	<u>DATE</u>	<u>FEE</u>	<u>PROGRAM SEL.</u>	<u>DATE</u>	<u>FEE</u>
1. _____	_____	_____	7. _____	_____	_____
2. _____	_____	_____	8. _____	_____	_____
3. _____	_____	_____	9. _____	_____	_____
4. _____	_____	_____	10. _____	_____	_____
5. _____	_____	_____	11. _____	_____	_____
6. _____	_____	_____	12. _____	_____	_____

TOTAL AMOUNT ENCLOSED \$ \_\_\_\_\_ CHECK NUMBER \_\_\_\_\_

**\*\*CASH OR CHECK PAYMENTS ONLY**

**PLEASE MAKE CHECKS PAYABLE TO: NEWINGTON DEPARTMENT OF HUMAN SERVICES**

**\*Please circle the highest movie rating that you approve for your child to attend: PG PG13**

**FINANCIAL ASSISTANCE:** Reduced fees MAY be available to income eligible Newington families. Indicate on registration forms your request for assistance, and someone from this department will contact you.

**THERE ARE NO REFUNDS ONCE CONFIRMATION LETTERS ARE SENT OUT**

**\*\*Note: There is a \$25 returned check fee\*\***

**Please complete form on following page**

(OVER)

# SCORE PERMISSION FORM (Must be completed)

STUDENT NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ AGE: \_\_\_\_\_  
PARENT/GUARDIAN NAME(S) \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CELL/PAGER \_\_\_\_\_ HOME PHONE \_\_\_\_\_  
WORK PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

(to receive updated/ongoing & future program information)

EMERGENCY CONTACT: NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
(other than parent/guardian)

**\*\*ASSUMPTION OF LIABILITY:** Participation in these activities may involve risk or injury. As a parent, guardian, or participant, I am aware of these hazards and my ability to participate. I hereby agree to release, discharge and hold harmless the Town of Newington, its employees, contracted instructors, and volunteers from the liabilities which may occur while participating in the activity. I understand that participation in any Human Services event or activity involves risk. I further understand that the Town of Newington does not provide accident/medical insurance for the program participants. In addition, I give permission for the participant to be treated by qualified medical personnel in the event that the above named parent/guardian/emergency contact cannot be reached at the phone numbers provided.

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

I give my child permission to walk or bike home or to a designated location at the end of a SCORE program.

Please Circle: Yes No

I give permission for my child to be videotaped and/or photographed for the purpose of community education. Yes No

Please use the space below to apprise us of any special health concerns, accessibility issues, or behavioral needs, or to request accommodation (include allergies, medications, etc):

You will be contacted for additional information, if needed.

MEDICAL INSURANCE CARRIER \_\_\_\_\_ POLICY NUMBER \_\_\_\_\_ HOSPITAL PREFERENCE \_\_\_\_\_

**\*\*This contract must be signed by BOTH participant and parent, and returned along with your registration form in order to participate in the program.\*\***

## **\*\*PARTICIPANT CONTRACT\*\***

This contract is an agreement between parents/guardians, students and staff to help ensure that this program operates in a fun, safe and cooperative manner. It is our hope that by reviewing our expectations for conduct, that ALL students and their parents will assist us with this effort.

- I agree to stay seated & keep my limbs in the van at all times.
- I agree not to bring any dangerous items or weapons that could cause harm to myself or others.
- I agree to speak respectfully to EVERYONE, using appropriate language and voice level.
- I agree not to use profanity, name call or throw things.
- I agree to be with a "buddy" and/or with an adult chaperone at all times.
- I agree to report on time to the designated meeting location for each program.
- I agree to keep my hands to myself, respect others and their property.
- I agree to follow directions and listen attentively when adults are speaking to me.
- I agree to keep the vans clean.
- I agree not to use cell phones during programs.

**Unacceptable behavior will result in a verbal warning, followed by a written warning. If behavior is considered a serious safety violation or an unresolved ongoing issue, expulsion from the program without a refund will occur.**

Thank you for your assistance in helping to make this program a success.

Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_

Student: \_\_\_\_\_ Date \_\_\_\_\_